

FILED SEP 17 1941

Registration District No. 7911

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Since Birth (Specify whether
years, months or days)

3. (a) PRINT FULL NAME LYDIA JENSEN

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Henry J. Jensen 6. (c) Age of husband or wife if alive 62 Yrs
7. Birth date of deceased Nov. 5, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 12 If less than one day
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Joseph A. Gutweiler
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Heidemann
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Jensen

(b) Address 4125 Turner Avenue

17. (a) Burial (b) Date thereof 8/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) AUG 18 1941 (b) J. Biedeck
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4125 Turner Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1941 hour 4 minute 30 pm M.

21. I hereby certify that I attended the deceased from Aug 17 1941 to Aug 17 1941
that I last saw h. alive on Aug 17
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic cardiatis Duration

Due to

Due to Hyperplastic endometritis
Other conditions Uterine Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations Chromatium PHYSICIAN

Of autopsy gk a 1 h Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. Biedeck (M.D. or other) D
Address 1918 East 5th Ave Date signed

15.877

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

William G. Bushholz

Licensed Embalmer No. *2110*

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.